United Nations E/ICEF/2015/P/L.9

Economic and Social Council

Distr.: Limited
17 April 2015

Original: English

For decision

United Nations Children's Fund
Executive Board
Annual session 2015
16-19 June 2015
Item 5 (a) of the provisional agenda*

Country programme document

Zimbabwe

Summary

The country programme document (CPD) for Zimbabwe is presented to the Executive Board for discussion and approval at the present session, on no-objection basis. The CPD includes a proposed aggregate indicative budget of $31,000,000 from regular resources, subject to the availability of funds, and $567,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2015.

* E/ICEF/2015/4.

15-06102 (E) 060515

Please recycle

Programme rationale[1]

1. Zimbabwe, with a population of 13.1 million people — 48 per cent of them children — has faced a number of challenges over the years. Because of persistent economic decline between 1998 and 2008, the per capita gross domestic product fell from $574 to $284 during that period.[2] Poverty, in turn, increased from 71 per cent to 84.3 per cent in rural areas, and from 37 per cent to 46.5 per cent in urban areas. There was also reduced Government spending in the social sector and a flight of skilled manpower. Making matters worse, Cholera outbreaks in 2008-2009 claimed more than 4,000 lives. The country, whose social systems once served as a model for the subregion, experienced substantial deterioration in Millennium Development Goal indicators.

2. In early 2010, in response to deteriorating social indicators, the Government, donors and UNICEF established Transition Funds (TFs) as a modality for channelling donor support to the health, education, child protection, and water, sanitation and hygiene (WASH) sectors. These large-scale multi-donor pooled funding mechanisms, led by the Government and managed by UNICEF, allowed for a coordinated approach in delivering a nationally agreed set of high-impact, cost-effective interventions.

3. A comparison of results from 2010 and 2014 Multiple Indicator Cluster Survey (MICS) showed improvement in a number of areas. The maternal mortality ratio fell from 960 to 614 per 100,000 live births; under-five mortality was reduced from 94 to 75 per 1,000 live births; primary school completion rose from 43 per cent to 99 per cent; vertical transmission of HIV was reduced from 31 per cent to 9.2 per cent; exclusive breastfeeding rose from 26 per cent to 41 per cent; and stunting fell from 35 per cent to 28 per cent. The improvements achieved have returned Zimbabwe to 1990 benchmark levels but recovery remains incomplete, fragile and at risk. National averages mask disparities and quality issues persist.

4. In health, 87 per cent of reported maternal deaths occur in health facilities, and the majority of both maternal and child deaths are the result of preventable and treatable causes — with malnutrition an underlying factor for nearly half of child deaths. Routine immunization coverage for DPT3 (Penta3) stands at 90 per cent.

5. The national HIV prevalence rate of 15.0 per cent [14.2 per cent-15.7 per cent][3] among adults aged 15-49 conceals geographical and gender disparities. Despite good availability of antiretroviral treatment (ART) for prevention of vertical transmission of HIV (82 per cent), the proportion of pregnant women living with HIV who access this treatment is low (43 per cent). Only a third (32 per cent) of health facilities offered paediatric ART in 2013 and only 41 per cent of children under 14 years living with HIV received the treatment. Limited availability of equipment, inadequate numbers of trained staff, cost, low levels of knowledge on appropriate therapy, and stigma are among the barriers to ART utilization. Access to ART is higher in urban than rural areas.

---

[1] All data referenced in this document are from the Zimbabwe 2014 Situation Analysis, unless indicated otherwise.

[2] Zimbabwe National Statistics Agency (ZIMSTAT) 2014.

[3] UNAIDS Country Profile <www.unaids.com.org/en/regionscountries/countries/zimbabwe> (accessed 8 February 2015).

6. Prolonged underinvestment has resulted in deterioration in water and sanitation infrastructure and services. Access to improved water sources — 98.4 per cent in urban areas and 67.5 per cent in rural areas — is still below 2000 levels.[4] Urban access to water piped onto premises was 66 per cent in 2014 compared with 88 per cent in 2000, with reliability of water supply dropping from 24 to 6-13 hours per day. Sanitation infrastructure has not kept pace with expanding urban populations. In rural areas, the lack of subsidies has affected the ability of households to construct safe sanitation facilities. Open defecation (44 per cent in rural areas) and leakages of raw sewage in urban areas are major concerns contributing to higher incidence of diarrhoea, worms and other intestinal infestations.

7. Since 2009, much progress has been made in strengthening the basic education system. Improvement in key education indicators, however, conceals wide inequalities in enrolment and learning outcomes related to household socioeconomic status and geographic factors. Gender parity has been achieved at both primary and secondary levels, with average enrolment of 50.7 per cent for females and 51.9 per cent for males. The pass rate for the 10 worst-performing schools stands at 2 per cent against best performance of 100 per cent.

8. While Zimbabwe continues to restore and strengthen systems for child protection, the range and reach of services remain inadequate due to insufficient funding, low staff capacity, weak referral pathways and tracking, concentration of efforts in urban areas, and limited knowledge of and confidence in existing systems. As a result, in 2014, less than 40 per cent of children who experienced sexual violence knew where to seek professional help and only 2.4 per cent of female victims of sexual abuse accessed available services. Birth registration has stagnated at 32 per cent.[5] Provisions of the 2013 National Constitution prohibiting marriage of persons under 18 years of age have not yet been implemented.

9. With 78 per cent and 26 per cent of children living in households that are poor and extremely poor, respectively, 11 per cent living with disability, and 27 per cent without parental care, inclusion is a key concern. In 2014, cash transfers to extremely poor households reached only 55,509 of 500,000 qualifying households in the 20 participating districts.

10. Recovery of social systems is still highly dependent on donor funding, and several risks continue to threaten the sustainability of gains. These include: economic slowdown, declining donor support, limited ability of the Government to finance key interventions, and likely resource demands in the event of a large-scale or persistent natural disaster (drought, flooding or disease outbreak). With more than 80 per cent of the national budget spent on salaries, expanding fiscal space for social spending requires innovation and donor support through a transition period during which responsibility is gradually shifted to the State.

11. Key lessons from the 2011-2015 country programme relate to: (a) the role of innovative funding arrangements in delivering large-scale programmes using Government systems and leadership despite tense donor-government relations, and (b) the value of quality evidence in mobilizing support for high-impact, cost-effective interventions. The achievements reinforce the position of UNICEF with donors and the Government at policy and programme levels.

[4] MICS 2014.
[5] MICS 2014.

12. UNICEF can build on the experience of managing the Transition Funds to continue bringing together stakeholders to strengthen the social sector in Zimbabwe. UNICEF will leverage its position of trust and credibility to mobilize donors, the private sector and Government for greater social sector financing, accountability and focus on underserved populations, including children with disabilities, children living in poverty, and children without appropriate family care.

Programme priorities and partnerships

13. The 2016-2020 country programme supports the Zimbabwe United Nations Development Assistance Framework (ZUNDAF), 2016-2020, and the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim Asset), 2013-2018. Zim Asset is the blueprint adopted for economic recovery, under which the Government is implementing initiatives to address poverty, including increasing agricultural productivity, and supporting economic empowerment, youth initiatives, social protection and resilience-building.

14. Formulated through dialogue with the Government and development and implementing partners, the country programme aims to support Zimbabwe to sustain and build upon the gains achieved for children during the previous programme, while contributing to strengthening resilience. The country programme will focus on improving service quality and access, and building national and subnational capacity to provide high-impact interventions to reach all children, including the most vulnerable. UNICEF will also support Zimbabwe to strengthen the capacity for climate change adaptation and disaster risk reduction and response, particularly focusing on the effects on children and families.

15. The country programme is underpinned by the assumption that donor support will continue but gradually decline as the economic situation improves and the Government budget for the social sector increases. The following strategies aligned with the UNICEF Strategic Plan, 2014-2017, and the Eastern and Southern Africa Regional Priorities will be pursued to achieve programme goals:

(a) **Capacity development**: Strengthening systems and reinforcing national and subnational capacity to plan, deliver and monitor social services for children, with a special focus on effective coordination and reaching the most disadvantaged groups;

(b) **Evidence generation, policy dialogue and advocacy**: Supporting equity-focused and child-friendly policies and budgets, sector plans and frameworks emphasizing resource allocations for social services and placing children at the centre of planning processes;

(c) **Partnerships**: Working with Zimbabwe partners to rebuild social service capacity, participating in initiatives focusing on empowering young people, and expanding partnerships with the private sector;

(d) **South-South and triangular cooperation**: Drawing on experiences and examples of good practice from other countries and sharing lessons learned;

(e) **Identification and promotion of innovation**: Fostering innovative partnerships with young people, civil society and religious networks to support customized behaviour change and community engagement;

(f) **Support to integration and cross-sectoral linkages**: Coordinating implementation of different sectoral interventions in the same geographic locations to enhance programmatic synergies for children and families at community level;

(g) **Service delivery**: Supporting Government structures to deliver quality services through provision of appropriate inputs, systems strengthening and implementation of results-focused financing mechanisms.

16. The **Health and nutrition** programme will contribute to equitable access to and use of high-impact, cost-effective and quality health and nutrition interventions and practices among pregnant women, newborns, children and adolescents.

17. Working with donors and Government partners, UNICEF will support further strengthening of the health system, with particular focus on underserved geographic regions. Programming will centre on reducing costs and social barriers to access and utilization, increasing the number of facilities equipped to provide quality services, addressing policy constraints, mobilizing resources, improving spending, and strengthening referral and utilization and quality of care reporting. In partnership with the Government, the GAVI Alliance, and other partners, UNICEF will work to maintain high national coverage and further expand immunization in districts with the lowest coverage.

18. Interventions to address stunting will focus on maternal nutrition, timely initiation of and exclusive breastfeeding for the first 6 months, continuation of breastfeeding to 24 months with appropriate complementary feeding practices, addressing micronutrient deficiencies among children aged 6-59 months and the management of severe acute malnutrition.

19. The **HIV and AIDS** programme will contribute to equitable use of proven HIV prevention and treatment interventions among children, pregnant women and adolescents. UNICEF will work in partnership with Government ministries, development partners and civil society to integrate HIV testing and treatment initiation within the maternal, newborn and child health platform; strengthen programming in HIV and sexual and reproductive health rights for adolescents; improve monitoring and accountability for HIV testing, antiretroviral therapy initiation and adherence for children, adolescents and pregnant women; enhance capacities for service provision; and reduce barriers to service utilization.

20. The **Water, sanitation and hygiene (WASH)** programme will contribute to equitable use of safe drinking water, sanitation and improved hygiene practices. UNICEF will support Zimbabwe to deliver on the goals of the Africa Ministerial Council on Water and the Sanitation and Water for All initiative. Working with partners, including donors, civil society and the private sector, UNICEF will support the Government at national and subnational levels to strengthen sector planning, coordination and management. Key areas of focus include: improving citizen engagement and contribution to infrastructure development and maintenance; addressing supply-side constraints, including rehabilitation of infrastructure, improvements of monitoring and maintenance; supporting the development and implementation of a sanitation and hygiene policy; improving WASH in schools and health facilities, and disaster risk preparedness and response; and strengthening cross-sector linkages, emphasizing child health and prevention of stunting.

21. The **Education** programme will contribute to ensuring that all boys and girls have increased and more equitable access to, and completion of, quality, inclusive

education with improved learning outcomes. Working with relevant ministries, United Nations agencies, donors and civil society through established sector planning and coordination mechanisms, UNICEF will strengthen sector capacity for expanded education access, including through non-formal education, and improved learning outcomes. Emphasis will be placed on using evidence to reach disadvantaged children and schools. Key interventions will include: provision of targeted school improvement grants; support to early learning and remedial education; school health programmes, including HIV and AIDS education; implementation of revised curricula and teacher development programmes; and re-entry and skills programmes for out-of-school children and adolescents. In addition, UNICEF will contribute to the development of credible education sector plans and policies, based on evidence and informed by solid data collection systems.

22. The **Child protection** programme will support children, especially adolescent girls and children without appropriate family care, to be protected from violence, abuse and exploitation and to benefit from improved response systems. In partnership with key stakeholders, UNICEF will work with government and other partners towards aligning child rights-related legislation with provisions of the Constitution and international standards. UNICEF will build on past experience to help to mobilize and coordinate resources and actions based on the national action plan for children and will support further strengthening of the child justice system. The programme aims to provide key protection services in underserved rural areas, strengthen community knowledge of and confidence in child protection services, and enhance data management for case reporting and tracking.

23. The **Social policy, research and development** programme, guided by knowledge and data, will contribute to an improved policy environment and systems for disadvantaged and excluded children. The programme will strengthen and support development and implementation of policies that protect and improve the inclusion of marginalized groups. Key areas of intervention will include: research and analysis of data to improve understanding of excluded and marginalized groups and the dynamics of exclusion; budget analysis and advocacy to increase resources for child rights-oriented programmes; strengthening inclusion of resilience in sectoral plans; supporting participatory policy-making and planning; and strengthening the design and funding of social protection programmes. Working with the Government, the World Bank, International Monetary Fund, African Development Bank, United Nations agencies and other partners, UNICEF will explore opportunities for expanding fiscal space for children.

24. The **Cross-sectoral** programme will strengthen the efficiency and effectiveness of UNICEF and partners to deliver results across all outcome areas. Key interventions to improve organizational effectiveness include: strengthening UNICEF and partner capacity in the human rights-based approach to programming, results-based management, gender analysis and mainstreaming, equity and value-for-money analysis, and generation and use of evidence to inform programming. Other areas include coordination of emergency preparedness and response and integrating communication for development and technology for development in programming. Engagement with the private sector, including foundations, and other non-traditional partners, will be employed to leverage financial and non-financial resources.

25. Organizational efficiency will be further enhanced through quality operational support to programmes coupled with continuous analysis of processes, costs and results to maximize value for money in all transactions. The country office aims to excel in all programme and management indicators.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	7 500	295 000	302 500
HIV and AIDS	2 500	15 000	17 500
Water, sanitation and hygiene	5 000	80 000	85 000
Education	5 000	95 000	100 000
Child protection	3 000	60 000	63 000
Social policy, research and development	5 000	12 000	17 000
Cross-sectoral	3 000	10 000	13 000
Total	**31 000**	**567 000**	**598 000**

Programme and risk management

26. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

27. Country programme implementation will be coordinated through the Ministry of Finance in close collaboration with sector ministries, United Nations agencies, non-governmental organizations and development partners. Monitoring and early warning mechanisms will be used to anticipate significant changes in the programming context, including changes in donor and government priorities and/or funding trends, shifts in needs, and changes in knowledge of effectiveness of interventions. Adjustments will be made to ensure continued programme quality, efficiency and effectiveness. The harmonized approach to cash transfers (HACT) will be enhanced to respond to major financial risks in programme implementation. The capacity of staff and partners to comply with HACT requirements will be strengthened.

Monitoring and evaluation

28. UNICEF will participate in the ZUNDAF working group on monitoring and evaluation and contribute towards strengthening national monitoring systems, including sector management information systems. Joint programme monitoring that includes midyear and annual reviews with the Government, United Nations agencies and other partners will be used to assess progress against planned results. The midterm review scheduled for 2018 will be used to make adjustments to the

programme and an end-term evaluation is planned for 2020. The five-year Integrated Monitoring and Evaluation Plan (see annex) will provide evidence on the relevance, effectiveness, efficiency and sustainability of country programme interventions. Evaluation will be used for both accountability and the generation of lessons to improve programming.

29. UNICEF will build upon the Monitoring Results for Equity System (MoRES) applied in the current programme to support strengthening of national and subnational systems for routine data collection and will complement this with surveys for enhanced planning and targeting. UNICEF will also support partners to explore the use of mobile devices in improving timeliness of data and strengthening local utilization of data and feedback. Use will be made of tools such as the child-focused analysis of national budget and census data (Child-friendly National Budgeting Initiative and the Child Equity Atlas). National surveys to track child indicators will be supported in 2018 and 2019.

Annex

Results and resources framework

Zimbabwe-UNICEF country programme of cooperation, 2016-2020

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Regular resources (RR) Other resources (OR)		
					RR	OR	Total
HEALTH							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
National Priorities in accordance with the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim Asset): Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (reduced morbidity and mortality/tuberculosis prevalence/maternal mortality and child mortality rates; reduced HIV infections among children and adults; reduced incidence of other communicable diseases such as malaria and diarrhoea; improved client satisfaction and service delivery; reduced financial barriers to health services; improved standard of living); *Policy and Legislation* (improved enabling legal, policy and regulatory environment; improved collaboration and coordination.) MDG 4 (Reduce child mortality), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV and AIDS, malaria and other diseases).							
UNDAF Outcomes involving UNICEF: *2. Social Services and Protection* Outcome 1: Vulnerable populations have increased access to and utilization of quality basic social services by 2020; Outcome 2: Key institutions provide quality and equitable social services by 2020							
Related UNICEF Strategic Plan Outcome: 1. Health							
Eighty per cent of pregnant women, newborns, children and adolescents have equitable access to and utilize high-impact, cost-effective and quality health interventions and practice healthy behaviours by 2020	• Proportion of pregnant women attending at least 4 antenatal visits Baseline: 70%; Target: 90% • Proportion of births attended to by a skilled birth attendant Baseline: 80%; Target: 90% • Proportion of newborns receiving 3 postnatal visits within 28 days of delivery Baseline: TBD; Target: 60% • Proportion of children fully immunized by the age of one year Baseline: 69%; Target: 90% • Proportion of children aged 0-59 months with diarrhoea treated with oral rehydration solution and zinc. Baseline: 14%; Target: 50%	Demographic and Health Survey (DHS); MICS; Routine Health Management Information System (HMIS) data	**Output 1:** Strengthened health systems capacity to deliver quality rights- and gender-sensitive maternal, newborn, child and adolescent health care. **Output 2:** Strengthened commitment, partnerships and accountability to plan, budget, finance and monitor the scale-up of low-cost evidence-based	Ministry of Health and Child Care United Nations agencies United States Government The Global Fund to Fight AIDS, Tuberculosis, and Malaria United States Agency for International Development (USAID); Department for International Development of the United Kingdom (DFID); and other donors Local authorities and quasi-government institutions	**5.0**	**275.0**	**280.0**

	• Proportion of children aged 0-59 months with suspected pneumonia treated with appropriate antibiotics Baseline: 34%; Target 60% • Proportion of children aged 0-59 months with malaria treated with Artemisinin-based Combination Therapies or other appropriate antimalarial treatment Baseline: 79%; Target: 90% • Proportion of children aged 0-59 months sleeping under an insecticide-treated net Baseline: 27% ; Target 80%		health interventions, including in humanitarian situations. **Output 3:** Increased demand and equitable utilization of quality maternal, newborn, child and adolescent health services among disadvantaged and marginalized groups.	The World Bank GAVI Private sector Academia Community-based organizations			

NUTRITION								
Relevant article of the Convention on the Rights of the Child: 24.								
National priorities: Zim Asset *Cluster/* Key Result Area (Outcome): *Food Security and Nutrition*: Nutrition (reduced stunting levels of children; improved availability of quality food and nutrition data); Policy and Legislation (improved enabling legal, policy and nutrition regulatory environment). MDG 1 (Eradicate extreme poverty and hunger) and MDG 4 (Reduce child mortality).								
UNDAF Outcome involving UNICEF: *1. Food and Nutrition Security* Outcome 1: National institutions deliver adequate and timely services that improve food and nutrition; Outcome 2: Vulnerable communities are able to cope with climate change and build resilience for household food and nutrition security; *2. Social Services & Protection*: Outcome 2: Key institutions provide quality and equitable social services by 2020.								
Related UNICEF Strategic Plan Outcome: 4. Nutrition								
Infants, young children and mothers have increased and equitable use of nutritional services and improved nutrition and care practices, with a focus on stunting	• Proportion of children breastfed within one hour of birth (timely initiation of breastfeeding) Baseline (MICS 2014): 58.9% Target (DHS/MICS 2017): 70% • Proportion of children aged 0-5 months exclusively breastfed Baseline (MICS 2014): 41% Target (DHS/MICS 2017): 60% • Proportion of children who are fed complementary foods in a timely manner (introduction of solid/semi-solid/soft food) Baseline (MICS 2014): 87.3% Target (DHS/MICS 2017): 92% • Proportion of children fed minimum acceptable diet Baseline (NNS 2010): 11% Target (NNS/MICS 2017): 50% • Proportion of children who receive vitamin A supplements twice yearly (full vitamin A supplementation coverage) Baseline (HMIS 2013): 43% Target (HMIS): 80% • Proportion of population consuming adequately iodized salt at household level Baseline (MICS 2014): 57% Target (MICS 2017): 90%	DHS MICS HMIS reports Food and Nutrition Council reports National Nutrition Surveys (NNS)	**Output 1:** Equity-focused national policies, legislation, strategies and plans adopted for scaling up of high-impact critical nutrition interventions. **Output 2:** Strengthened subnational capacity to implement and coordinate multi-sectoral scale-up of services to protect, promote and support optimal nutritional status of boys, girls and women, including in humanitarian situations. **Output 3:** Children, caregivers and communities in selected districts apply optimal nutrition and care practices, and seek preventive, promotive and curative nutrition services.	United Nations agencies (UNICEF, World Food Programme, Food and Agriculture Organization, World Health Organization, United Nations Population Fund) Food and Nutrition Council Ministry of Agriculture Ministry of Health Nutrition Cluster Partners	2.5	20.0	22.5

	• Proportion of provinces with multi-sectoral, costed and sustainable provincial plans (that include clear targets on reducing stunting) Baseline: 0% Target: 30% • Primary Health Care Centres assessing and managing children with severe acute malnutrition as per the global standard Baseline: 77% Target: 90%					

HIV and AIDS							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
National Priorities: Zim Asset Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (reduced HIV infections among children and adults.) MDG 6 (Combat HIV/AIDS, malaria and other diseases).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 1: Vulnerable populations have increased access to and utilization of quality basic social services by 2020.							
Related UNICEF Strategic Plan Outcome: 2. HIV and AIDS							
By 2020, at least 80 per cent of children, pregnant women and adolescents have equitable use of proven HIV prevention and treatment interventions	• Coverage of antiretroviral therapy (ART) for all pregnant women living with HIV Baseline: 43% (2014) Target: 90% • ART coverage among children aged 0-14 years Baseline: 41% (2014) Target: 90% • ART coverage among girls and boys aged 10-19 years Baseline: TBD Target: At least 80% • Eligible 10-19-year-olds receiving voluntary male medical circumcision Baseline: TBD Target: At least 60% • Condom use at last sexual encounter among 15-19-year-olds reporting multiple encounters Baseline: TBD Target: At least 60%	Annual Programme reports MICS	**Output 1:** Increased national, provincial, district, facility and community service delivery capacity to provide essential rights- and gender-sensitive HIV information and services for women, children and adolescents, including in humanitarian situations. **Output 2**: Strengthened leadership, commitment, accountability and capacity for evidence-based equity-focused planning and budgeting for scale-up of HIV and AIDS prevention and treatment interventions for children and adolescents. **Output 3**: Enhanced capacity of children, adolescents and caregivers to adopt behaviours that empower them to prevent HIV and facilitate utilization of relevant HIV and AIDS services.	United Nations agencies The Global Fund to Fight AIDS, Tuberculosis and Malaria Health Transition Fund partners Pharmaceutical and laboratory technology partners Information and Communication Technology partners Social media partners HIV and sexual and reproductive health partnership forums Education Development Fund Nutrition Cluster	**2.5**	**15.0**	**17.5**

WATER, SANITATION AND HYGIENE							
Relevant article of the Convention on the Rights of the Child: 24.							
National Priorities: Zim Asset Cluster/ Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved service delivery by local authorities); *Infrastructure and Utilities*: Construction of urban water supply and sanitation projects (improved water supplies and waste water disposal in towns and cities), Construction of rural water supply and sanitation schemes (improved water supplies in rural areas). MDG 7 (Ensure environmental sustainability).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 1: Vulnerable populations have increased access to and utilization of quality basic social services by 2020.							
Related UNICEF Strategic Plan Outcome: 3. Water, sanitation and hygiene							
By 2020, Zimbabweans have increased and equitable use of safe drinking water, sanitation and improved hygiene practices	• Proportion of population using an improved drinking water supply by 2020 Baseline: (MICS 2014): 76.1% Target: 82% • Proportion of population practising open defecation by 2020 Baseline: (MICS 2014): 31.7% Target: 14% • Proportion of households with basic hand-washing facilities by 2020 Baseline: (MICS 2014): 50.5% Target: 70% • Proportion of children under 5 years of age with diarrhoea Baseline: 15.5% Target: 12.4%	MICS DHS Poverty Income Consumption and Expenditure Survey	**Output 1:** Enhanced support for children, adolescent girls and families leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene practices. **Output 2:** Enhanced national capacity and partnerships to provide equitable access to safe drinking water and adequate sanitation. **Output 3:** Strengthened national capacity to legislate, coordinate, plan and monitor scaling-up of rights- and gender-sensitive interventions to promote safe drinking water, adequate sanitation and good hygiene practices. **Output 4:** Increased national capacity and delivery of services to ensure that girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations.	Ministry of Local Government Ministry of Water Resources and Infrastructure Development Ministry of Health, National Action Committee Local authorities Non-governmental organizations (NGOs) The World Bank African Development Bank United Nations agencies Donors Private sector	**5.0**	**45.0**[1] **35.0**[2]	**85.0**
						[1] Water [2] Sanitation, hygiene and capacity development	

EDUCATION							
Relevant articles of the Convention on the Rights of the Child: 28, 29.							
National Priorities: Zim Asset Cluster/ Key Result Area (Outcome): *Social Services and Poverty Eradication*: Indigenization and Empowerment (increased literacy levels); Social Service Delivery (improved standard of living). MDG 2 (Achieve universal primary education) and MDG 3 (Promote gender equality and empower women).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 2: Key institutions provide quality and equitable social services by 2020.							
Related UNICEF Strategic Plan Outcome: 5. Education							
By 2020, all boys and girls have increased and more equitable access to, and completion of, quality, inclusive education, with improved learning outcomes	• Percentage of pupils achieving at or above the grade-appropriate level after completing grade 2 for Mathematics and English: Baseline (2014 Total/Female/Male): English: 51 / 56 / 47 Mathematics: 67 / 70 / 65; Targets (Total/Female/Male): English: 58 / 63 / 54 Mathematics: 72 / 75 / 70 • Pre-primary enrolment ratio: Baseline (2013 Total/Female/Male): 39.4/ 39.3 / 39.5 Target: 50 / 50 / 50 • Secondary gross enrolment in the 10 districts with the lowest enrolment rates: Baseline (2013 Total/Female/Male): 51.2% / 50.7% / 51.9% Target (Total/Female/Male): 71.2% / 71.2% / 71.2% • Grade 7 pass rate in the bottom 10% of schools: Baseline (2013 Total/Female/Male): 2.2% / 2.3% / 2.1% Target (Total/Female/Male): 12.2% / 12.2% / 12.2%	Zimbabwe Early Learning Assessment Education Management Information System (EMIS) EMIS	**Output 1**: Enhanced capacities of stakeholders at all levels, including communities, for increased learning opportunities for out-of-school children and young people, and equitable access for and retention of disadvantaged children. **Output 2**: Increased national capacity to provide access to age-appropriate, quality learning opportunities and minimize the effects of disasters on learning. **Output 3**: Strengthened political commitment, accountability and national capacity for evidence-based legislation, planning and budgeting for scaling-up quality and inclusive education.	Ministry of Primary and Secondary Education Ministry of Higher and Tertiary Education Zimbabwe Examinations Council Ministry of Finance Private sector, civil society, faith-based organizations and NGOs Global Partnership for Education Coordination Mechanisms: Education Development Fund Steering Committee, Education Coordination Group	**5.0**	**95.0**	**100.0**

CHILD PROTECTION								
Relevant articles of the Convention on the Rights of the Child: 3, 7, 9, 12, 19, 20, 21, 23, 25, 32, 34, 37, 40.								
National Priorities: Zim Asset Cluster/ Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved access to justice by indigent persons; improved standard of living).								
UNDAF Outcome involving UNICEF: 2. *Social Services and Protection* Outcome 2: Key institutions provide quality and equitable social services by 2020; Outcome 3: Households living below the (food) poverty line have better access to social protection services.								
Related UNICEF Strategic Plan Outcome: 6. Child protection								
By 2020, more children in Zimbabwe, especially adolescent girls and children without appropriate family care, are protected from violence, abuse and exploitation and benefit from improved response systems	• Proportion of women aged 15-19 who have ever experienced sexual violence Baseline (2011): 18% Target: 15% • Proportion of children in conflict with the law sentenced to alternative measures to detention Baseline: 67% Target: 75% • Proportion of children under 5 years of age whose births are registered. Baseline (2014): 32.3% Target: 50% • Timely submission of treaty monitoring reports (Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women and others) • Percentage of women aged 15-19 currently married/in union Baseline (2014): 24.5% Target: 21% • Percentage of women aged 15-19 who have begun childbearing Baseline (2014): 24.2% Target: 21%	DHS MICS Ministry of Justice Pre-trial diversion committee	**Output 1**: Increased capacity of Government and civil society organizations (CSOs) to provide safe access to quality comprehensive and coordinated child protection services that prevent and respond to violence, abuse, exploitation and neglect, and are sustained in humanitarian situations. **Output 2**: Increased capacity of communities and families in target districts to practise behaviours and demonstrate attitudes which protect children from violence, abuse and exploitation. **Output 3**: Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up quality rights- and gender-sensitive child protection services for vulnerable children and their families. **Output 4**: Strengthened economic capacity for the most vulnerable households, including those affected by HIV and AIDS, to protect children from practices that expose them to violence, abuse and exploitation in target districts.	Ministry of Public Service, Labour and Social Welfare Ministry of Justice, Parliamentary and Legal Affairs Judicial Service Commission Legal Aid Directorate Ministry of Home Affairs Police DFID, USAID, Swedish International Development Cooperation Agency, Swiss Agency for Development and Cooperation, European Union and other donors The World Bank World Food Programme Council of Social Workers Child Protection Society World Education Save the Children Child Protection Network	**3.0**	**60.0**	**63.0**

SOCIAL POLICY, RESEARCH AND DEVELOPMENT							
Relevant articles of the Convention on the Rights of the Child: 2, 4, 13, 26, 27.							
National Priorities: Zim Asset Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved standard of living), Gender and Development (improved gender equality and equity); *Policy Administration, Governance and Performance Management*: Policy formulation, advocacy and coordination (improved policy coordination; reduced policy inconsistencies); Resource mobilization and allocation (improved funding; improved allocative efficiency and effectiveness); Implementation, monitoring and evaluation (improved programme performance). MDG 1 (Eradicate extreme poverty and hunger) and MDG 8 (Develop a global partnership for development).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 3: Households living below the (food) poverty line have better access to social protection services; *4. Governance & Public Administration* Outcome 1: Key public sector institutions mobilize, manage and account for resources effectively for quality and equitable service delivery; Outcome 2: Increased citizen participation in democratic processes in line with the provision of the Constitution and relevant international norms and standards.							
Related UNICEF Strategic Plan Outcome: 7. Social inclusion.							
Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data	• Number of national policies developed on social inclusion Baseline (2014): 0 Target: 6 • Percentage of the poorest households receiving economic support social transfers in the last 3 months Baseline (2014): 7% Target: 40% • Percentage of annual Government expenditure for social services Baseline (2014): 29% Target: 50% • Number of nationally representative social, health and economic surveys conducted Baseline (2014): 1 Target: 3	Policy review reports MICS Annual reports Survey reports	**Output 1**: Increased national capacity to provide equitable access to inclusive systems that protect children, adolescents and women from poverty and promote social inclusion and resilience to climate change and humanitarian crises. **Output 2**: Strengthened political commitment, accountability and national capacity to legislate, plan, budget and fund inclusive social policies. **Output 3**: Enhanced capacity of disadvantaged and marginalized children and families to use social protection systems and participate in decision-making processes affecting them. **Output 4**: Increased national capacity to generate and utilize data and knowledge on key human rights and gender equality dimensions of social inclusion.	Ministry of Economic Planning and Development Local Government authorities ZIMSTAT DFID European Union and other donors The World Bank International Monetary Fund Academia Major private sector actors Civil society	**5.0**	**12.0**	**17.0**

CROSS-SECTORAL							
National Priorities: Zim Asset Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved standard of living), Gender and Development (improved gender equality and equity); *Policy Administration, Governance and Performance Management*: Policy formulation, advocacy and coordination; public sector modernization and civil service reform (improved planning in the public sector; improved service delivery; improved public sector governance).							
UNDAF Outcome involving UNICEF: *5. Gender Equality* Outcome 1: Institutional and human capacity to promote gender equality and empowerment of women in social, political, economic and legal spheres strengthened.							
Improved efficiency and effectiveness of UNICEF and partners across all outcome areas	• Percentage of evaluations rated satisfactory or better Baseline: TBD; Target: 90% • Country office rating on regional programme indicators Baseline: TBD; Target: Satisfactory or better • Proportion of projects completed on time and within budget Baseline: TBD; Target 90% • Proportion of donor reports submitted on time Baseline: TBD; Target 100% • Number and value of private sector partnerships (including foundations) Baseline: TBD; Target: TBD • Country office rating on Regional Management Team Operations Indicators Baseline: TBD; Target: TBD • Number of key sectors (health, education, WASH, child protection, and nutrition) incorporating emergency preparedness and related human and financial capacities Baseline: 1; Target 5 • Proportion of children in humanitarian situations reached with appropriate interventions	UNICEF evaluation ratings Management reports Periodic assessments	**Output 1**: Improved capacity of UNICEF and partners for effective rights-based programming including: access to analytical tools/models and skills in research, rights-based programming, results-based management, and gender-responsive programming. **Output 2:** Improved capacity of UNICEF and partners to utilize monitoring, research and evaluation to improve results. **Output 3:** Improved capacity of UNICEF and partners for planning and coordination of humanitarian work. **Output 4:** Improved utilization by UNICEF and partners of advocacy, communication for development, and information and communication technology to improve results for children. **Output 5:** Enhanced organizational capacity for resource mobilization, learning, reporting and risk management.	NGOs Government partners	**3.0**	**10.0**	**13.0**
Total resources						**31.0**	**567.0**	**598.0**